

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Illinois

Case number (if known): _____ Chapter you are filing under:

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

SEP 20 2017

JEFFREY P. ALLSTEADT, CLERK
INTAKE 2 Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Neethnoach

First name

Yisrael

Middle name

Dihant

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only In a Joint Case):**2. All other names you have used in the last 8 years**

Include your married or maiden names.

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)xxx - xx - 8 1 2 0

OR

9 xx - xx - _____

xxx - xx - _____

OR

9 xx - xx - _____

Debtor 1

Neekloach Yerel Duhart

First Name

Middle Name

Last Name

Case number (if known)

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

I have not used any business names or EINs.

I have not used any business names or EINs.

Business name

Business name

Business name

Business name

EIN — — — — —

5. Where you live

3350 Western Ave

Number Street

Number Street

Park Forest IL 60466

City State ZIP Code

City State ZIP Code

Cook

County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

ND

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

3350 Western Ave

Number Street

Number Street

P.O. Box

City

P.O. Box

City

State ZIP Code

State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1

Neckherch Y Duhart

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

- Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.
- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

- I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No
 Yes. District Northern IL When 02-14-17 Case number 17 B 4242
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No
 Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

- No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Neekhach Y Dhawat

First Name

Middle Name

Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No

Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property?

Number _____ Street _____

City _____

State _____

ZIP Code _____

Debtor 1

Naeckheach q Dwight

First Name Middle Name

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Neekhaan Y Downt

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
 No
 Yes

18. How many creditors do you estimate that you owe?

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. How much do you estimate your assets to be worth?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. How much do you estimate your liabilities to be?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

x

Signature of Debtor 1

Executed on 9-20-17
MM / DD / YYYY

x

Signature of Debtor 2

Executed on 9-20-2017
MM / DD / YYYY

Debtor 1

Neekhoach Y Dhart

First Name

Middle Name

Last Name

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

N/

Date

MM / DD / YYYY

Signature of Attorney for Debtor

Printed name

Pro Se

Firm name

3350 Western Ave

Number Street

City

Park Forest

State

ZIP Code

IL 60464

Contact phone

773-887-1211

Email address

Dhart10@yahoo.com

Bar number

N/A

State

N/A

Debtor 1

Neekhoach T Dhart

First Name

Middle Name

Last Name

Case number (if known) _____

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- No
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

- No
 Yes. Name of Person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.



Signature of Debtor 1



Signature of Debtor 2

Date 09-20-17
MM / DD / YYYY

Date _____
MM / DD / YYYY

Contact phone 773-837-1211

Contact phone _____

Cell phone 773-837-1291

Cell phone _____

Email address Dhart10@yahoo.com Email address _____

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B6D (Official Form 6D) (12/07)

In re **Neekhoach N Duhart**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided other security interests.

List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL)			UNSECURED PORTION, IF ANY
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	
Account No.	-	Title Loan 2004 Pontiac Grand Prix				
US Payday Loans 8127 South Cicero Chicago, IL 60652		Value \$ 7,876.00			1,000.00	0.00
Account No.		Value \$				
Account No.		Value \$				
Account No.		Value \$				
Account No.		Value \$				
0 continuation sheets attached			Subtotal (Total of this page)		1,000.00	0.00
			Total (Report on Summary of Schedules)		1,000.00	0.00

B6F (Official Form 6F) (32-07)

ND

In re Neckhoach N Duhart

Case No.

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTO R H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				AMOUNT OF CLAIM
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D		
Account No. xx1397			Opened 11/17/09 Last Active 12/01/10 Collection Tcf National Bank II				
American Collections 919 Estes Ct Schaumburg, IL 60183	.						
Account No. xxxxx1190			Opened 6/08/12 Last Active 7/01/12 Collection Directv				991.00
Cbe Group 1309 Technology Pkwy Cedar Falls, IA 50613	.						
Account No.		NSF					925.00
Chase Bank 2310 W. 95th St Chicago, IL 60643	.						
Account No.		Medical Bill					200.00
Chicago Ambulance Alliance 8200 W 186th Street Ste N Tinley Park, IL 60477	.						100.00
Subtotal (Total of this page)							2,216.00

8 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cnts.

NJS

In re Neekhoach N Duhart

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E R I T O R H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	C O N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Medical Bill				
Christ Hospital 4440 W. 95th st. Oak Lawn, IL 60453	-						
							1,000.00
Account No.			Parking Tickets				
city of chicago parking 121 N Lasalle Street ROOM 107A Chicago, IL 60602	-						
							7,000.00
Account No. xxxxx14N1			Opened 12/01/11 Last Active 7/01/12 Medical				
Collect Sys 8 South Michigan Suite 618 Chicago, IL 60603	-						
							1,271.00
Account No. xxxxx15N1			Opened 3/01/12 Last Active 10/01/12 Medical				
Collect Sys 8 South Michigan Suite 618 Chicago, IL 60603	-						
							394.00
Account No. xxxxx07N1			Opened 3/01/12 Last Active 9/01/12 Medical				
Collect Sys 8 South Michigan Suite 618 Chicago, IL 60603	-						
							394.00
Sheet no. <u>1</u> of <u>8</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			10,059.00

B6F (Official Form 6F) (12/07) - Cont.

ND

In re

Neekhoach N Duhart

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See instructions above.)	CODE H W J D	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONT INGENT	UNL OUD ATE D	DIS PUTED	AMOUNT OF CLAIM
			OPENED	LAST ACTIVE		
Account No. xxxx51N1	-	Opened 2/01/12 Last Active 7/01/12 Medical				
Collect Sys 8 South Michigan Suite 618 Chicago, IL 60603	-					394.00
Account No.	-	Electric Bill				
ComEd 3 Lincoln Center Attn: Bankruptcy Section Oakbrook Terrace, IL 60181	-					1,500.00
Account No. xxxx5820	-	Opened 6/10/10 Collection Sprint				
Convergent Outsourcing 800 Sw 39th St Renton, WA 98057	-					720.00
Account No. xxxx9668	-	Opened 1/12/12 Last Active 2/01/12 Collection Comcast - Chicago				
Credit Management Lp 4200 International Pkwy Carrollton, TX 75007	-					1,352.00
Account No. xxxx5800	-	Opened 5/06/12 Last Active 6/01/12 Collection Us Cellular				
Diversified Adjustment 600 Coon Rapids Blvd Nw Coon Rapids, MN 55433	-					673.00
Sheet no. 2 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			4,639.00

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B6F (Official Form 6F) (12/07) - Cont.

ND

In re

Neekhoach N Duhart

Case No.

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CO- DEBT- OR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM			
				CONT- INGENT	UN- COND- ITED	D- ISP- UTED	
Account No. xxxxxxxxxxxxxxxxx0090	-	-	Opened 1/08/09 Last Active 10/01/12 Educational				7,520.00
Dpt Ed/Sim Po Box 9635 Wilkes Barre, PA 18773							
Account No. xxxxxxxxxxxxxxxxx0090	-	-	Opened 7/27/09 Last Active 10/01/12 Educational				3,666.00
Dpt Ed/Sim Po Box 9635 Wilkes Barre, PA 18773							
Account No. xxxxxxxxxxxxxxxxx0090	-	-	Opened 1/08/09 Last Active 10/01/12 Educational				3,600.00
Dpt Ed/Sim Po Box 9635 Wilkes Barre, PA 18773							
Account No. xxxxxxxxxxxxxxxxx0090	-	-	Opened 9/16/09 Last Active 10/01/12 Educational				1,750.00
Dpt Ed/Sim Po Box 9635 Wilkes Barre, PA 18773							
Account No. xxxxxxxxxxxxxxxxx0110	-	-	Opened 1/18/11 Last Active 10/01/12 Educational				1,750.00
Dpt Ed/Sim Po Box 9635 Wilkes Barre, PA 18773							

B6F (Official Form 6F) (12/07) - Cont.

ND

In re **Neekhoach N Duhart**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
				CONTIN- GENT	UN- DRAFTED	D- SOUTED
Account No. xxxxxxxxxxxxxxxx0110	-		Opened 1/19/11 Last Active 10/01/12 Educational			1,419.00
Dpt Ed/Slm Po Box 9635 Wilkes Barre, PA 18773	-					
Account No. xxxxxxxxxxxx0001	-		Opened 11/29/04 Last Active 10/01/12 Educational			
Edfi Svcs/dapp 120 N Seven Oaks Dr Knoxville, TN 37922	-					2,751.00
Account No. xxxxxxxxxxx5475	-		Opened 8/17/11 Last Active 10/01/11 CreditCard			
First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104	-					400.00
Account No. xxxx4642	-		Opened 3/13/09 Last Active 10/15/10 Automobile			
Futre Financ 15859 S Ridgeland Suite D Oak Forest, IL 60462	-					2,662.00
Account No. xxx2504	-		Opened 9/14/11 Last Active 3/01/12 ReturnedCheck Kroger Check Recovery Center			
Helvey & Associates 1015 E Center St Warsaw, IN 46580	-					173.00
Sheet no. <u>4</u> of <u>8</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)		7,405.00

B6F (Official Form 6F) (3207) - Cont.

ND

In re

Neekhoach N Duhart

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONT INGENT	UNL OUDAT ED	DISP UTED	AMOUNT OF CLAIM
						Account No.
IL Dept of Unemployment Security Attn: Benefit Repayment Collection PO BOX 19286 Springfield, IL 62794	-	Overpayment of Benefits				17,000.00
Account No. xxxxxxxxxxxx8173	-	Opened 9/23/11 Last Active 1/01/08 Factoring Company Account Corthrust Corthrust Bank N.A.				
Lvny Funding Llc Po Box 740281 Houston, TX 77274	-					654.00
Account No. xxxx1110	-	Opened 7/12/12 Last Active 10/01/12 Collection Illinois State Toll Hwy Author				
Nco Financial Systems, 600 Holiday Plaza Dr Ste Matteson, IL 60443	-					645.00
Account No.	-	Gas Bill				
Peoples Gas c/o Bankruptcy Department 130 E. Randolph Drive Chicago, IL 60602	-					1,500.00
Account No.	-	Payday Loan				
PLS Loan Store 9902 W. Western Ave. Chicago, IL 60643	-					1,000.00
Sheet no. 5 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			20,799.00

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B6F (Official Form 6F) (12/07) - Cont.

N/D

In re **Neekhoach N Duhart**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CO- DEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				AMOUNT OF CLAIM
			CONTINGENT	UNLIQUIDATED	DISPUTED		
Account No. xxxx6062	-		Opened 7/09/10 Last Active 9/01/10 Collection Tcf Bank				
Professnl Acct Mgmt In 633 W Wisconsin Ave Ste Milwaukee, WI 53203	-						77.00
Account No. xxxxxxxx6091	-		Opened 2/11/10 Last Active 11/01/12 Collection Jeffery Apartme				
Rent Recover, Llc (Original Creditor:Jeff 729 N Route 83 #320 Bensenville, IL 60106	-						2,482.00
Account No. xxxxxxxx3418	-		Opened 10/19/10 Last Active 9/01/12 FactoringCompanyAccount Bank Of America Checking Accou				
Rjm Acq Llc 575 Underhill Blvd Ste 2 Syosset, NY 11791	-						417.00
Account No. xxxxxxxxxxxxxxxxx1009	-		Opened 10/09/03 Last Active 10/01/12 Educational				
Sallie Mae Po Box 9500 Wilkes Barre, PA 18773	-						1,165.00
Account No. xxxxxxxxxxxxxxxxx1009	-		Opened 10/09/03 Last Active 10/01/12 Educational				
Sallie Mae Po Box 9500 Wilkes Barre, PA 18773	-						315.00
Sheet no. 6 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		4,486.00		

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In re Neekhoach N Duhart

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
				CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. xxxxxxxxxxxx0004			Opened 1/26/07 Last Active 10/01/12 Educational			
Simmons Fnb Pob 7009 Pine Bluff, AR 71611						
Account No. xxxxxxxxxxxx0002			Opened 12/09/05 Last Active 10/01/12 Educational			
Simmons Fnb Pob 7009 Pine Bluff, AR 71611						
Account No. xxxxxxxxxxxx0001			Opened 12/09/05 Last Active 10/01/12 Educational			
Simmons Fnb Pob 7009 Pine Bluff, AR 71611						
Account No. xxxxxxxxxxxx0003			Opened 1/26/07 Last Active 10/01/12 Educational			
Simmons Fnb Pob 7009 Pine Bluff, AR 71611						
Account No.			Medical Bill			
Stroger Hospital 1969 W Ogden Ave Chicago, IL 60612						
Sheet no <u>7</u> of <u>8</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)		16,476.00

B6F (Official Form 6F) (12/07) - Cont.

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In re **Neekhoach N Duhart**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM			
				CONTINGENT	UNLIQUIDATED	DISPUTED	
Account No. xxxxxx90N1			Opened 5/01/12 Last Active 9/01/12 Collection Medical				777.00
Untd Res Sys (Original Creditor:Medical) 10075 W Colfax Ave Lakewood, CO 80215							
Account No.							
Account No.							
Account No.							
Account No.							
Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			777.00
				Total (Report on Summary of Schedules)			85,013.00

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ADT Security Services
PO Box 551200
Jacksonville, FL 32255

AT&T Mobility
One AT&T Way
Room 3A104
Bedminster, NJ 07921

Bank Of America
PO Box 15726
Wilmington, DE 19886

Cavalry SPV
500 Summit Lake Dr
Ste 400
Valhalla, NY 10595

City of Chicago Dept of Revenue
c/o Arnold Scott Harris
111 W Jackson, Suite 600
Chicago, IL 60604

Comcast Cable
PO Box 3002
Southeastern, PA 19398

ComEd
PO Box 6111
Carol Stream, IL 60197

Edfinancial Services
10 Turtle Creek Lane
Little Rock, AR 72202

Future Finance Company
c/o Gordon & Centracchio
211 W Wacker Suite 500
Chicago, IL 60606

Illinois Dept of Employment Sec
PO Box 4385
Chicago, IL 60680

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[REDACTED] Document Page 16 of 28 [REDACTED] Main

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Diversified Adjustment
600 Coon Rapids Blvd Nw
Coon Rapids, MN 55433

Dpt Ed/Slm
Po Box 9635
Wilkes Barre, PA 18773

Edfl Svcs/Idapp
120 N Seven Oaks Dr
Knoxville, TN 37922

First Premier Bank
601 S Minnesota Ave
Sioux Falls, SD 57104

Futre Financ
15859 S Ridgeland Suite D
Oak Forest, IL 60452

Harris and Harris
222 Merchandise Mart Plaza
Suite 1900
Chicago, IL 60654

Helvey & Associates
1015 E Center St
Warsaw, IN 46580

IL Dept of Employment Security
33 S. State Street
8th Floor
Chicago, IL 60603

IL Dept of Unemployment Security
Attn: Benefit Repayment Collection
PO BOX 19286
Springfield, IL 62794

Illinois Tollway
Attn: Legal Dept
2700 Ogden Ave
Downers Grove, IL 60515

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Sprint Nextel
PO Box 7949
Overland Park, KS 66207

T-Mobile
Bankruptcy Department
PO Box 53410
Bellevue, WA 98015

Title Lenders
d/b/a USA Payday Loans
8127 So. Cicero
Chicago, IL 60652

University of Arkansas at Pine Bluff
1200 University Dr
Pine Bluff, AR 71601

US Bank
800 Nicollet Mall
Minneapolis, MN 55402

Verizon Wireless
Bankruptcy Department
PO Box 3397
Bloomington, IL 61702

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Illinois Dept. of Human Services
PO Box 19407
Springfield, IL 62794

Illinois Tollway
2700 Ogden Ave
Downers Grove, IL 60515

IRS
Special Procedures - Insolvency
PO Box 7346
Philadelphia, PA 19101

Jefferson Capital Systems LLC
16 McLeland Road
Saint Cloud, MN 56303

Katherine Knazze
1335 S. Prairie
Chicago, IL 60605

Orion
c/o Recovery Management Systems Cor
25 SE 2nd Ave, Suite 1120
Miami, FL 33131

Payday Loan Store of Indiana
800 Jorie Blvd, 2nd Floor
Oak Brook, IL 60523

People's Gas
401 S State St
Chicago, IL 60697

Phylicia Renee Jackson
8037 S. Clyde
Chicago, IL 60617

Premier BankCard/Charter
po box 2208
Vacaville, CA 95696

Quantum3 Group LLC
PO Box 788
Kirkland, WA 98083-0788

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American Collections
919 Estes Ct
Schaumburg, IL 60193

Cbe Group
1309 Technology Pkwy
Cedar Falls, IA 50613

Chase Bank
2310 W. 95th St
Chicago, IL 60643

Chase Bank
340 S. Cleveland Ave, Bldg 370
Westerville, OH 43081

Chicago Ambulance Alliance
8200 W 185th Street
Ste N
Tinley Park, IL 60477

Christ Hospital
4440 W. 95th st.
Oak Lawn, IL 60453

city of chicago parking
121 N Lasalle Street ROOM 107A
Chicago, IL 60602

Collect Sys
8 South Michigan Suite 618
Chicago, IL 60603

ComEd
3 Lincoln Center
Attn: Bankruptcy Section
Oakbrook Terrace, IL 60181

Convergent Outsourcing
800 Sw 39th St
Renton, WA 98057

Credit Management Lp
4200 International Pkwy
Carrollton, TX 75007

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Simmons Fnb
Pob 7009
Pine Bluff, AR 71611

Stroger Hospital
1969 W Ogden Ave
Chicago, IL 60612

Untd Res Sys (Original Creditor:Medical)
10075 W Colfax Ave
Lakewood, CO 80215

US Payday Loans
8127 South Cicero
Chicago, IL 60652

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IRS
P.O. Box 7346
Philadelphia, PA 19101-7346

Lvnv Funding Llc
Po Box 740281
Houston, TX 77274

Nco Financial Systems,
600 Holiday Plaza Dr Ste
Matteson, IL 60443

Peoples Gas
c/o Bankruptcy Department
130 E. Randolph Drive
Chicago, IL 60602

PLS Loan Store
9902 W. Western Ave.
Chicago, IL 60643

PLS Loan Store
2132 E. 71st Street
Chicago, IL 60649

Professnl Acct Mgmt In
633 W Wisconsin Ave Ste
Milwaukee, WI 53203

Rent Recover, Llc (Original Creditor: Jef
729 N Route 83 #320
Bensenville, IL 60106

Rjm Acq Llc
575 Underhill Blvd Ste 2
Syosset, NY 11791

Ross Kleiman
PLS Financial Services, Inc
300 N. Elizabeth, 4th Floor
Chicago, IL 60607

Sallie Mae
Po Box 9500
Wilkes Barre, PA 18773

ND

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

In Re: NeelKhoach & Dhawal)

)
Debtor(s)) Case No.
) Chapter
)
)

List of Creditors

IL Department of Children and family Services Child support	42,000
Sprint wireless Service	3,000
Verison wireless	2,000
Comcast Network	3,000
T Mobile Service	1,200

ND

IL Department of Unemployment Insurance	14,000
City of Chicago Department of Revenue	23,000
Internal Revenue Service	3,000
Secretary of State Jesse White	6,000
City of Chicago IL Department of Revenue 400 W Superior Chi IL	23,000
IL Department of Children and Family Services Springfield IL	15,000